



GEORGIA MEDICAID FEE-FOR-SERVICE ANTIMALARIALS PA SUMMARY

Preferred	Non-Preferred
Chloroquine phosphate generic Hydroxychloroquine sulfate generic Mefloquine hydrochloride generic	Atovaquone/proguanil generic Coartem (artemether/lumefantrine) Malarone (atovaquone/proguanil) Quinine sulfate generic

LENGTH OF AUTHORIZATION: 1 Month

NOTES:

- ❖ If generic atovaquone/proguanil is approved, the PA will be issued for brand Malarone.
- ❖ Criteria for Daraprim (pyrimethamine) is in the Antiprotozoals PA Summary.

PA CRITERIA:

Atovaquone/Proguanil Generic and Malarone

- ❖ Approvable for members weighing 5 kg (11 lbs) or more when used for the prevention or treatment of acute, uncomplicated malaria infection due to *Plasmodium falciparum* when member is stepping down from intravenous (IV) artesunate or chloroquine resistant-malaria is suspected.
- ❖ If chloroquine-resistant malaria is not suspected, member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or history of intolerable side effects to chloroquine or hydroxychloroquine.
- ❖ In addition for generic atovaquone/proguanil, prescriber must submit a written letter of medical necessity stating the reasons brand Malarone is not appropriate for the member.

Coartem

- ❖ Approvable for members weighing 5 kg (11 lbs) or more when used for the treatment of acute, uncomplicated malaria infection due to *Plasmodium falciparum* when chloroquine resistant-malaria is suspected.
- ❖ If chloroquine-resistant malaria is not suspected, member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or history of intolerable side effects to chloroquine or hydroxychloroquine.

Quinine Sulfate Generic

- ❖ Approvable for members 16 years of age or older when used for the treatment of acute, uncomplicated malaria infection due to *Plasmodium falciparum* when member is stepping down from IV quinidine or chloroquine resistant-malaria is suspected.
- ❖ If chloroquine-resistant malaria is not suspected, member must have experienced ineffectiveness, allergies, contraindications, drug-drug



interactions or history of intolerable side effects to chloroquine or hydroxychloroquine.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.